



Bib Data Sheet

CONFIRMATION NO. 8485

SERIAL NUMBER 10/038,933	FILING DATE 01/04/2002  RULE 1.47	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 42390P11783
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## APPLICANTS

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Robert Adams, Portland, OR;R-56.  
verified

NONE

NONE

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/21/2002

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OR	SHEETS DRAWING 8	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

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## TITLE

Consent system for accessing health information

FILING FEE  RECEIVED 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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